



FY2005 Application
Performing Arts Directory
Intent to Apply Due: February 1, 2004
Deadline: March 1, 2004

Please refer to the Guidelines and Instructions accompanying this application.

1. First Name _____
2. Last Name/Organization's Name _____
3. Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
4. Mailing Address _____
5. City _____ 6. State _____
7. Zip Code _____ 8. County _____
9. Legislative District Number of Applicant:
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6
Representative's Name: _____
Senators: Jim Bunning (R) / Mitch McConnell (R)
KY Senate District #: _____
Senator's Name: _____
KY House District #: _____
Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml or call your County Clerk's office for this information

10. Phone Number _____
11. Second Phone Number (optional) _____
12. Fax Number _____
13. E-mail Address _____
14. Web Address http:// _____
15. Social Security/Federal ID No _____
16. Performance Discipline:
☐ Music ☐ Dance ☐ Theatre ☐ Storytelling ☐ Other _____
If applicable, please identify genre or type of performance: _____

KAC Staff Use Only

- | | | |
|---------------------------|-------------------------------|------------------------------|
| 1. FY 2005 | 7. Grantee Race _____ | 13. Project Race <u>99</u> |
| 2. App. # _____ | 8. Date Rcvd. _____ | 14. Present./Tour <u>NA</u> |
| 3. C-List # _____ | 9. # Youth Benefit. <u>NA</u> | 15. Arts Education <u>NA</u> |
| 4. App. Status _____ | 10. Project Disc. _____ | • Percent _____ |
| 5. App. Institution _____ | 11. International <u>NA</u> | • Description _____ |
| 6. App. Disc. _____ | 12. Activity <u>13</u> | 16. Grant Program <u>PAD</u> |

17. Are you available for block booking? ☐ Yes ☐ No
18. Have you ever been, or are you currently, on the Kentucky Arts Council's Arts in Education Artist Roster, or have you received a Kentucky Arts Council Artist Fellowship?

Arts Education Artist Roster ☐ Yes ☐ No
 Kentucky Arts Council Fellowship ☐ Yes ☐ No

19. Number of Performers for a typical performance (*indicate a number or range*) _____

20. Fee Range \$ _____

If the applicant listed above is **not** the contact person for booking requests, please provide the following information to be included in the Performing Arts Directory. Please remember that this is a two-year Directory; please include contact information that will be long-term for you or your group:

21. Contact Person _____

22. Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

23. Mailing Address _____

24. City _____

25. State _____

26. Zip Code _____

27. Phone Number _____

28. Fax Number _____

29. E-mail Address _____

30. Web Address http:// _____

31. Grantee Race/Ethnicity:

Organizations should choose the **one** code that best represents 50% or more of their staff and administration (not students). **Individuals** should choose the code(s) that best represent(s) your race/ethnicity. Individuals select ***ALL*** that apply.

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

32. Applicant Institution. _____ (*Insert **only one** Category Code Number on this line*)
Choose your category code number from one of the following:

- | | |
|--|-----------------------------------|
| [01] Individual Artist | [05] Performing Group - Community |
| [03] Performing Group | [06] Performing Group - Youth |
| [04] Performing Group - College/University | |

33. Applicant Status _____ (*Insert **only one** Status Code Number on this line*)

- | | |
|--------------------------------|----------------------------|
| [01] Individual | [03] Organization - Profit |
| [02] Organization – Non-Profit | |

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the number and heading of each Performance Expectation (e.g. **1. Artistic Excellence**) in bold before your response. Place your name and the words “Performing Arts Directory” in the upper right-hand corner of each page.

Narrative Outline

Please address the following three performance expectations on a total of not more than four pages. Be sure to include complete information on each bulleted item in your narrative.

Performance Expectations

1. Artistic Excellence (60%)

Please note: assessment of this criterion will be based primarily upon your submitted work samples. Therefore, it is EXTREMELY important that work samples be of sufficient quality for panel to evaluate the work. (Please review the Work Sample Index for specific instructions.) The following information is also required for the panel to fairly evaluate your application.

- Briefly describe you or your group or ensemble. Include information on each performer and/or technician involved in performances.
- Briefly describe your genre, style, discipline, or form of performance.
- Briefly describe what a typical performance would be.

2. Performance Experience (30%)

This program is seeking performers with some professional performance experience whether as individuals or as members of a group. Though this program is interested in new and emerging artists, at the time of application, performers should have some experience working with presenters, negotiating contracts, communicating requirements for your performance, and be able to present a professional performance of high artistic quality. Further, applicants must show an on-going commitment and interest in accepting bookings and performing outside of their home community and should have a qualified, designated person with whom presenters can make arrangements.

- Describe your performance experience. Include your experience performing in your current genre or form, and other experience such as: working with presenters, touring, negotiating contracts, as well as any earlier relevant experience.
- Provide a history of touring (performances) for the past 0 – 36 months. (This should be in the form of a list, with dates, if possible.)

3. Marketing Capacity (10%)

This score will be based upon the effectiveness of your submitted promotional and marketing materials as well as your plans for increasing or expanding your marketing efforts. Please see the Guidelines and Instructions for suggestions on Press Kits.

- Describe your current methods of marketing yourself to presenters and the marketing materials that you use.
- Describe any plans for increasing or expanding your marketing efforts.

Optional Materials

- Applicants may also submit additional supporting materials such as programs, reviews, or any other relevant information that will help give the panel an understanding of the artist, group, or performances. Please be sure that each item has your name clearly marked.
- Letters of support from previous presenters or others who have booked you for performances may also be submitted. Please make sure that letters of support or other photocopied materials are on standard-size (8 ½ x 11), single-sided, white paper only.

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980

Application Checklist

Include this application checklist as the first page of your application package

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following **mandatory** information and materials:

One signed original:

- ☐ Application Checklist (signed in red)

One copy of the following:

- ☐ Performing Arts Directory Application and four-page narrative.
- ☐ Performance/Touring History from past 0 – 36 months. (This should be included in your four-page narrative.)
- ☐ Work Sample Index
- ☐ Work Sample(s) (CD, Cassette or Video)
- ☐ Resume of individual or of lead member(s) of a group.
- ☐ Publicity photo(s) (as per specifications in Work Sample Instructions).
- ☐ Marketing narrative (150-word maximum, written in third person).

Three Copies of the following:

- ☐ Current marketing materials such as promotional packets, press kits, etc.

Optional Supplemental materials may also include 3 copies of:

- ☐ Letters of support, reviews, programs, etc.

If you would like your supporting materials and work sample returned, enclose:

- ☐ A self-addressed, stamped mailer.

Applicant Signature

I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge. I agree to allow the Kentucky Arts Council to duplicate any supporting materials submitted with this application for purposes of panel review. All signatures must be in RED ink.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Applicant Name: (Typed) _____ Title: _____

Work Samples

(▲ = audio ▼ = video)

DO NOT SUBMIT ORIGINALS.

AUDIO/VIDEO/FILM WORK SAMPLE REQUIREMENTS

- **Audio or Video**

Dance, interdisciplinary performance, opera, musical theater, storytelling and theater applicants must submit videotape samples. Music applicants should submit CDs or audio cassettes; music applicants are also encouraged to submit a video sample if it will give the panel an understanding of your live performance.

- **Choosing Your Work Sample**

The quality of the performance on your work sample is critical to the panel's evaluation of your application. Select work that shows your strongest technical and artistic abilities, and also conveys the breadth of your styles. If submitting a variety of excerpts from longer works, it may be helpful to include at least one complete work at the end of the recording. Videotapes in "real time" with individual selections lasting at 3 to 7 minutes are preferred over promotional tapes with very brief clips and/or voice/music dubbed on top of the visual elements. If your work includes audience interaction, a live performance recording is helpful.

- **Prioritize Your Selections For Review**

The panel has a great deal of material to review. Applicants should be sure to cue all video and audio tapes to the first selection you wish the panel to review. For CDs, indicate on your work sample description which selections are to be reviewed. The panel may choose to review more than the designated selections.

▲ *Audio: Cassette Tape or Compact Disc*

Applicants may submit up to three separate samples of work. Applicants may select three cuts of music on one CD title, or you may submit three separate CD titles with one track selected on each. When submitting CDs, indicate the tracts for review.

When submitting audio cassettes, the three samples must be in sequential order on the same side of the tape or samples should be submitted on separate tapes. In other words, panelists will not fast forward or rewind tapes to listen to different cuts. All tapes must be cued to the desired place.

Label each tape or CD and cases with artist or group name, title of sample(s) to be heard, running time of sample(s) to be heard, and date completed. The CD and tape must also include name and title of work. This information must also be typed on the *Audio/Video/Film Work Sample Index*.

TIP: Panelists have a limited time to evaluate each work sample. It is important that the strongest portion of any sample is presented immediately when the tape is played. Tape samples not properly cued, or cued to sections that do not present the strongest artistic quality, generally reflect poorly on the application as a whole. Extensive portions of each complete work may be reviewed at the panelists' discretion.

▼ *Film/Video: VHS video tape:*

Applicants may submit up to three sample works. When submitting videotapes, samples must be in sequential order on the tape or samples should be submitted on separate tapes. In other words, panelists will not fast forward or rewind tapes to watch different cuts. All videotapes must be cued to the section that you want the panel to review.

Video samples must be submitted on standard VHS tape. Work submitted on other formats will not be reviewed by the panel.

Label the tapes and cases with the name of the artist or group, title of the performance(s), date of performance(s) and running time of each section to be viewed. This information must also be typed on the Audio/Video/Film Work Sample Index.

KENTUCKY ARTS COUNCIL AUDIO OR VIDEO WORK SAMPLE INDEX

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip code - Plus 4: _____

Day Phone: _____ E-Mail: _____

Program for which samples are being submitted: _____

Check appropriate work sample documentation category:

☐ Audio Cassette ☐ Video ☐ CD

Please Note: Any song or complete performance that is 5 minutes and under should be listed as and considered a separate work sample. If longer than 5 minutes, please cue it up to the desired viewing section and list it as a performance "segment".

AUDIO/VIDEO WORK SAMPLE 1

1. Title of Work: _____

2. Brief Description: _____

3. Applicant's role/responsibility in the work:

4. Dates created, composed, performed, produced, or premiered:

5. ☐ Entire Work ☐ Segment

If a *Segment*, did you enclose a tape of the entire work? ☐ No ☐ Yes

6. Total playing time of complete work: _____

7. Total playing time of segment (CDs excepted): _____

8. Did you cue tape to beginning of segment? _____

AUDIO/VIDEO WORK SAMPLE 2

1. Title of Work: _____
2. Brief Description: _____
3. Applicant's role/responsibility in the work:

4. Dates created, composed, performed, produced, or premiered:

5. ☐ Entire Work ☐ Segment
If a *Segment*, did you enclose a tape of the entire work? ☐ No ☐ Yes
6. Total playing time of complete work: _____
7. Total playing time of segment (CDs excepted): _____
8. Did you cue tape to beginning of segment? _____

AUDIO/VIDEO WORK SAMPLE 3

1. Title of Work: _____
2. Brief Description: _____
3. Applicant's role/responsibility in the work:

4. Dates created, composed, performed, produced, or premiered:

5. ☐ Entire Work ☐ Segment
If a *Segment*, did you enclose a tape of the entire work? ☐ No ☐ Yes
6. Total playing time of complete work: _____
7. Total playing time of segment (CDs excepted): _____
8. Did you cue tape to beginning of segment? _____